



Congressman Tom Graves

USCIS Privacy Release Form

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Petitioner/ Beneficiary Address:

City: _____ State: _____ Zip Code: _____

Home#: _____ Cell #: _____

Email: _____

Date application filed _____

USCIS receipt number or tracking number: _____

Form type(s) - Check all that apply.

G-639	I-90	I-129	I-130	I-131	I-140	I-212	I-290B	I-360	
I-485	I-526	I-539	I-589	I-590	I-600A	I-600	I-601	I-612	I-690
I-730	I-751	I-765	I-821	I-824	I-829	I-914 (Supplement A, B, or C)			
I-918	I-924	I-929	N-400	N-600	N-565	N-644	Other: _____		

Statement:

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Tom Graves. **Staffers will only speak with authorized persons.**

I authorize U.S. Representative Graves and the members staff to receive all pertinent information and to make an inquiry regarding the above described issue. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true and correct. *Digital signatures cannot be accepted, please sign the form*

Signature: _____ **Date:** _____

Relationship (please check): **Self** **Parent** **Spouse** **Petitioner**

Return to: 702 S. Thornton Avenue, Dalton, GA 30720, (706) 226-5320 FAX (706) 278-0840

600 E. First Street, Suite 301, Rome, GA 30161, (706) 290-1776 FAX (706) 232-7864